

## **CBADP CONTINUING EDUCATION/TRAINING REPORT FORM**

**(Use this form to submit Continuing Professional Training Contact Hours)  
(Duplicate page as needed)**

Name (please print): \_\_\_\_\_

No continuing education/training hours are required from the date of initial recognition or certification to the practitioner's birth month. See below for the number of continuing education hours required thereafter. These hours are submitted to the Board in your birth month of even-numbered years. Only include hours approved by the CBADP. If you need clarification, contact the CBADP Administrative Office.

<b>Check One</b>	<b>Certification/Recognition</b>	<b>Continuing Education Hours Needed</b>
	Chemical Dependency Counselor (Level I ____ II ____ III ____)	40 hours every two years
	Certified Prevention Specialist	40 hours every two years
	CCDC and CPS (Dual Credential)	60 hours every two years
	Certified Professional and Trainee (Dual Credential)	50 hours every two years
	Certified Professional – Retirement Status	20 hours every two years
	Chemical Dependency Trainee	20 hours every two years
	Prevention Specialist Trainee	20 hours every two years

Date of Training Activity	Title of Training Activity	Sponsor of Training Activity	Contact Hours Earned	Training Format: 1. Conference/Workshop 2. College Course 3. Internet Training 4. Agency Sponsored
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4
				1 2 3 4
<b>TOTAL HOURS</b>				

Please complete this form in its entirety. Make sure all information supplied is accurate and legible. If selected for an audit, you will be asked to submit official documentation of the above hours.

### **THIS FORM MUST ACCOMPANY YOUR RENEWAL APPLICATION AND PAYMENT**

*I hereby certify that the information above is correct and true. Failure to provide accurate information may result in the Board refusing to renew your recognition or certification.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date